

HEALTH ENTITIES PREPAID DENTAL

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: _____ **Filings Made During the Year 2008**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"X14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, K(a), L
	1.1	Printed Investment Schedule detail (Pages E01-E25)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO		5/15, 8/15, 11/15	NAIC	G, H(a), I, J, K(a), L
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO		4/1	NAIC	M
	11	Actuarial Opinion	2	EO		3/1	Company	G, K(a)
	12	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	13	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	M
	14	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	M
	15	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	16	Management Discussion & Analysis	2	EO	xxx	4/1	Company	K(a)
	17	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	18	Medicare Part D Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	M
	19	Property/Casualty Supplement due March 1	2	EO	xxx	3/1	NAIC	M
	20	Property/Casualty Supplement due April 1	2	EO	xxx	4/1	NAIC	M
	21	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, K(a)
	22	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	23	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K(a)
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	44	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	45	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	46	Quarterly Electronic Filing	xxx	1	xzx	5/15, 8/15, 11/15	NAIC	
	47	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	K(a), N(c)
	52	Audited Financial Statements	2	EO	xxx	6/1	Company	J, K(a)
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	K(a), R
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)	xxx	1	xxx		State	N(b)
	103	Signed Jurat	xxx	xxx	1	3/1, 5/15, 8/15, 11/15	NAIC	K(b), L
	104	Certificate of Compliance	xxx	0	1	3/1	State	H(b)
	105	Certificate of Deposit	xxx	0	1	3/1	State	H(b)
	106	Certificate of Valuation	1	0	1	3/1	State	H(b)
	108	Application for renewal of C of A	1	0	1	3/1	State	K
	109	Updated Biographical Affidavits	1	0	N/A	3/1	Company	Domestic Only
	110	Form B&C Holding Company Registration Statement	1	0	0	4/15	Company	K(a), S
	111	Form B Inter-company Agreement Supplement	1	0	0	4/15	State	K(a), S
	112	Basket Clause Statement	1	0	0	3/1	State	K(a), T

***If XXX appears in this column, this state does not require this filing, if 1 hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**